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10-16-00

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) See MPEP chapter 600 concerning utility patent application contents.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Patent Application Transmittal Form
2. * Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)
3. Specification [Total Pages 59]
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 4]

5. Oath or Declaration [Total Pages 5]
- a. Newly executed (original or copy)
- b. Unexecuted
- c. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)

- i. DELETION OF INVENTOR(S)

Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

NOTE FOR ITEMS 1&13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment

Continuation Divisional Continuation-in-part (CIP)

Prior application information: Examiner T. Pardo

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application, and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

of prior application No: 09/309,453
Group / Art Unit: 2771

18. CORRESPONDENCE ADDRESS

21125

or Correspondence address below

(Insert Customer No. or Attach bar code label here)

Customer Number or Bar Code Label

Name David J. Powsner

Address Nutter, McClellan & Fish, LLP

One International Place

City Boston

Country US

State MA Zip Code 02110-2699

Telephone 617-439-2717 Fax 617-310-9717

Name (Print/Type) Michael I. Falkoff Registration No. (Attorney/Agent) 30,833

Signature Michael I. Falkoff Date 10/13/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the inventor. Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Individual case. Any
Trademark Office,

PTO/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
a valid OMB control number.

Attorney Doc ket No. 0102396-00010

First Inventor or Application Identifier Stakutis

Title LOW OVERHEAD METHODS AND APPARATUS

Express Mail La bel No. EL684297128US

ADDRESS TO : Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

6. Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))
9. 37 C.F.R. § 3.73(b) Statement
(when there is an assignee) Power of Attorney
10. English Translation Document (if applicable)
11. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
12. Preliminary Amendment
13. Return Receipt Postcard (MPEP 503) in duplicate
(Should be specifically itemized)
 - * Small Entity Statement(s) Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired
 - Certified Copy of Priority Document(s) (if foreign priority is claimed)
14. Other:
15. Other:
16. Other:

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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.

Small Entity payments **must** be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 898.00)

Complete if Known

Application Number	
Filing Date	10/13/00
First Named Inventor	Stakutis
Examiner Name	T. Pardo
Group / Art Unit	2771
Attorney Docket No.	0102396-00010

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																															
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 141449</p> <p>Deposit Account Name Nutter, McClellan & Fish LLP</p> <p><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>690</td><td>246</td><td>345</td></tr> <tr><td>149</td><td>690</td><td>249</td><td>345</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr><td colspan="4">Reduced by Basic Filing Fee Paid</td></tr> <tr><td colspan="4">SUBTOTAL (3) \$0.00</td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	380	216	190	117	870	217	435	118	1,360	218	680	128	1,850	228	925	119	300	219	150	120	300	220	150	121	260	221	130	138	1,510	138	1,510	140	110	240	55	141	1,210	241	605	142	1,210	242	605	143	430	243	215	144	580	244	290	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	690	246	345	149	690	249	345	Other fee (specify) _____				Other fee (specify) _____				Reduced by Basic Filing Fee Paid				SUBTOTAL (3) \$0.00			
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael J. Falkoff	Registration No. (Attorney/Agent)	30,833
Signature	<i>[Signature]</i>		
	Telephone	617-439-2879	
	Date		

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